

COMMUNITY DEVELOPMENT DEPARTMENT - BUILDING INSPECTION DIVISION  
201 Delafield Street, Room 200  
Waukesha, WI 53188



## Occupancy & Zoning Analysis Form

*This form is for informational purposes only and is not required by law. The intent is to help us assist you in determining that your business meets the building and zoning requirements for your chosen location. This form is subject to open records law.*

Date: _____	Permit No. _____
Business Name: _____ Business Address: _____	
What part of the building will you occupy? _____ How much space? _____ SF	
Existing or previous tenants type of business? _____ Has the space been vacant for +12 mo. _____	
Describe new business in complete detail including the occupancy classification the use falls within if known. Please describe any parking spaces provided including the type, lot vs. street, and quantity: _____ _____ _____ _____	
<b>Applicant</b>  Name _____ Address _____ City, State, Zip _____ Phone _____ Email _____	<b>Property Owner</b>  Name _____ Address _____ City, State, Zip _____ Phone _____ Email _____
<p>The undersigned applies for a permit to occupy the premises described herein for the uses and purposes as herein set forth and in strict accordance with all of the provisions of the City of Waukesha zoning ordinance, health ordinance, and all other ordinances of the City of Waukesha and administrative rules of the State of Wisconsin applicable to said premises.</p> <p>The undersigned understands that said premises will be subject to inspection to check that the above verifications occurred and if any of the information provided or any of the above statements are found to be false, the approval by the Zoning Administrator will become void, permit fees will be forfeited, and an Occupancy Permit will not be issued. The undersigned agrees that said premises will not be occupied until a Certificate of Occupancy has been issued by the City.</p>	
Signature of Applicant: _____ Date: _____	
<p><b>***NOTE***</b> A building undergoing a change of occupancy classification to a higher hazard level based on Tables 912.4, 912.5, and 912.6 of the International Existing Building Code will require an evaluation be performed by a registered design professional prior to the application for occupancy being processed by this department. The evaluation should include plans of the entire building identifying the area intended to be occupied and all access to and egress from the space and a letter specifically identifying the tables referenced. The design professional should verify that the building meets all applicable building codes and identify any existing non compliant issues with a proposal to resolve them. The analysis will be reviewed by department staff to verify that the proposal is code compliant.</p>	
<b>OFFICE USE ONLY</b>	
Zoning District: _____ BOZA approval req. <input type="checkbox"/> Conditional use approval req. <input type="checkbox"/> Date of approval _____ Expiration _____	
Existing occupancy classification _____ Proposed occupancy classification _____ Change of use analysis required <input type="checkbox"/>	
Parking spaces provided: _____ Parking spaces required: _____ Variance required for parking <input type="checkbox"/>	
Inspections Required: No inspections required <input type="checkbox"/> Construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Capacity calculation/placard required <input type="checkbox"/>	
<b>FEES</b>	
<p><b>No fes are due at the time of submittal. After reviewing this form, if it is determined that fees are required to cover the cost of the occupancy inspections they will be due before any inspections can be scheduled.</b></p>	

Property Address: \_\_\_\_\_ Permit Number: \_\_\_\_\_

## Occupancy Inspection Report

### Class of construction

☐ Type I-A   ☐ Type I-B   ☐ Type II-A   ☐ Type II-B   ☐ Type III-A   ☐ Type III-B   ☐ Type IV   ☐ Type V-A   ☐ Type V-B

Number of stories? \_\_\_\_\_

Does the building have a:

- fire suppression system ☐ \_\_\_\_\_
- kitchen hood suppression system ☐ \_\_\_\_\_
- boiler or refrigeration system ☐ \_\_\_\_\_
- area of hazard material storage ☐ \_\_\_\_\_
- an elevator ☐ \_\_\_\_\_

Is there more than one tenant/occupancy in this building? \_\_\_\_\_

List other known occupancy classifications within the building.

---

---

---

---

## Inspection Notes

---

---

---

---

---

---

---

Inspection:   ☐ Construction   ☐ Plumbing   ☐ Electrical   ☐ Fire Department

Result:   ☐ Passed   ☐ Failed   ☐ Conditionally Approved

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_